CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	MRS, SHERI NICKNAME LAST CAPEHAR	MI A SUFFIX	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; COMPANY AREA CODE PHONE NUMBER		JAN 17 PM 4	
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER	(817) 572-042 MS/MRS/MR FIRST	MI	Date Hand-delivered or Date Residual Control of Receipt # Amount \$	
NAME	MR. RICHARI NICKNAME LAST GREENE	SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/S 2114 CROSS ARLINGTON,	CREEK CT.	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 465-308	EXTENSION		
9 REPORT TYPE	January 15 30th day before d		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 67/01/2016	THROUGH 1-2 /	Day Year / 31 / 2016	
11 ELECTION	ELECTION DATE Month Day Year □ Primary ○5/07/2016 □ General	Runoff Other Description Special	E	
12 OFFICE	OFFICE HELD (IT any) ARLINGTON CITY COUN DISTRICT 2	13 OFFICE SOUGHT (IF KNOW SCIL ARLINGTON DISTRI	CITY COUNCIL	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

4 C/OH NAME 15 Filer ID (Ethics Commission Filers)						
MRS, SHERI A. CAPEHART						
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE COMMITTEE NAME					
	GENERAL	- NONE -				
	SPECIFIC	COMMITTEE ADDRESS				
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THESS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM		\$ Ø		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ Ø		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		\$ Ø			
	4. TOTAL POLITICAL EXPENDITURES \$ 5,130.			\$ 5,130.		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 15,380.					
OUTSTANDING LOAN TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 15,380. 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 74,968					
18 AFFIDAVIT	18 AFFIDAVIT					
		I swear, or affirm, under penalty of true and correct and includes all ir under Title 15, Election Code.				
Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEALABOVE						
Sworn to and subscribed before me, by the said this (about, this the						
day of the day, 20], to certify which, witness my hand and seal of office.						
Man Surian MARY SUPIAS City Secretary						
Signature of officer a	dministering oath	Printed name of officer administering oath	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	RNAME	20 Filer ID (Ethics Co	mmissio	n Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			Ø
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			Ø
4.	4. SCHEDULE E: LOANS			Ø
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			5,130.
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	Ø
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	Ø
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	Ø

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District

Total pages Schedule Ft: 2 FILER NAME	Candidate/Officeholder/Politic	Salaries/	Wages/Contract Labor Other (enter a category not listed above)	
## Date S Payee name Candidate / Officeholder name Office sought Office held		The Instruction Guide explains how to	complete this form.	
S Payee name W. S., POSTAL SERVICE Amount (8) 7 Payee address: City: State: Zip Code TATE SPRINGS POSTAL STORE ARUNATONITY 76 017 (a) Category (See Categories listed at the lop of this schedule) POSTAL EXPENSE (b) Description Complete ONLY if direct payee name Candidate / Office holder name Office sought Office hold Date Payee name L. B. CAPEHART Amount (8) Payee address: City: State: Zip Code 4417 GARDEN DR. ARLINGTONITY 76 017 Category (See Categories listed at the top of this schedule) PARTIAL LOAN REPAY MENT Candidate / Office holder name Office sought Office sought Office hold Office hold Payee name Candidate / Officeholder name Office sought Office hold Office hold Office hold Payee name Candidate / Officeholder name Office sought Office hold			+ART 3 Filer ID (Ethics Commission Filers)	
7 Payee address; City: State: Zip Code TATE SPRINGS POSTAL STORE ARLINGTON TX 76017 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Office sought Office held	8/24/16	5 Payee name		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				